

Amendment I to RFP 2016-HIE-01

02/17/2016

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2016-HIE-01. THIS AMENDMENT MUST BE INCLUDED IN THE PROPOSER'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE PROPOSER MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

I. RFP Coversheet, page 1, change as follows:

Currently Reads as:

RFP Number: 2016-HIE-01	RFP Title: Alabama Health Information Exchange (HIE) Development and Operation RFP	
RFP Due Date and Time: March 10, 2016 by 5pm Central Time		Number of Pages: 63
PROCUREMENT INFORMATION		
Project Director: Kay Nall		Issue Date: January 29, 2016
E-mail Address: HIE- RFP@medicaid.alabama.gov Website: http://www.medicaid.alabama.gov		Issuing Division: Health Information Technology
INSTRUCTIONS TO VENDORS		
Return Proposal to: Kay Nall Alabama Medicaid Agency Lurleen B. Wallace Building 501 Dexter Avenue PO Box 5624 Montgomery, AL 36103-5624		Mark Face of Envelope/Package: Alabama Health Information Exchange (HIE) Development and Operation RFP RFP Number: 2016-HIE-01 RFP Due Date: March 10, 2016 by 5pm CT Firm and Fixed Price:
VENDOR INFORMATION <i>(Vendor must complete the following and return with RFP response)</i>		
Vendor Name/Address:		Authorized Vendor Signatory: (Please print name and sign in ink)
Vendor Phone Number:		Vendor FAX Number:
Vendor Federal I.D. Number:		Vendor E-mail Address:

Revised as:

RFP Number: 2016-HIE-01	RFP Title: Alabama Health Information Exchange (HIE) Development and Operation RFP	
RFP Due Date and Time: March 10, 2016 by 5pm Central Time		Number of Pages: 63
PROCUREMENT INFORMATION		
Project Director: Micki Allen		Issue Date: January 29, 2016
E-mail Address: HIE-RFP@medicaid.alabama.gov Website: http://www.medicaid.alabama.gov		Issuing Division: Health Information Technology
INSTRUCTIONS TO VENDORS		
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Vendor Phone Number:		Vendor FAX Number:
Vendor Federal I.D. Number:		Vendor E-mail Address:

II. Section B, Schedule of Events, page 3, change as follows:

The following RFP Schedule of Events represents the Medicaid's best estimate of the schedule that shall be followed. Except for the deadlines associated with the vendor question and answer periods and the proposal due date, the other dates provided in the schedule are estimates and will be impacted by the number of proposals received. Medicaid reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. Notification of any adjustment to the Schedule of Events shall be posted on the RFP website at www.medicaid.alabama.gov.

EVENT	DATE
RFP Issued	1/29/2016
Deadline to Submit Questions (Round 1)	2/5/2016
Posting of Questions and Answers (Round 1)	2/17/2016
Deadline to Submit Questions (Round 2)	2/24/2016
Final Posting of Questions and Answers (Round 2)	3/3/2016
Proposals Due by 5 pm CT	3/10/2016
Evaluation Period	3/10-25/2016
**Contract Review Committee	6/2/2016
Official Contract Award/Begin Work	6/20/2016
Existing Migration Deadline and Go-Live Date	7/1/2016

**By State law, this contract must be reviewed by the Legislative Contract Review Oversight Committee. The Committee meets monthly and can, at its discretion, hold a contract for up to forty-five (45) days. The "Vendor Begins Work" date above may be impacted by the timing of the contract submission to the Committee for review and/or by action of the Committee itself.

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EVENT	DATE
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Evaluation Period	3/10-25/2016
**Contract Review Committee	6/2/2016
Official Contract Award/Begin Work	6/20/2016
Existing Migration Deadline and Go-Live Date	9/1/2016

**By State law, this contract must be reviewed by the Legislative Contract Review Oversight Committee. The Committee meets monthly and can, at its discretion, hold a contract for up to forty-five (45) days. The “Vendor Begins Work” date above may be impacted by the timing of the contract submission to the Committee for review and/or by action of the Committee itself.

III. Serction II, Scope of Work, page 17, change as follows:

B-2 **System Architecture and Performance.** At a minimum, the solution must support a peak load of no fewer than 1,000 concurrent user sessions and 50 requests per second.

As part of this proposal, the Vendor must:

1. Indicate the development status.
2. Describe the solution’s architecture and provide a formal description of the HIE solution. Please include a detailed plan of the system at component level for each of the following:
 - A. Business (or business process) architecture
 - B. Application architecture
 - C. Data architecture
 - D. Technical architecture
 - E. Security architecture
 - F. Other
 - G. Identify any specific transactions that possibly may not adhere to these performance goals.
3. Include a model of how the Vendor would use gateway architecture(s) and infrastructures to support the connection of multiple networks participating in the Alabama HIE within the State geographical boundaries.

4. Describe the proposed solution's peak performance metrics.
5. Describe the solution's ability to complete 95 percent and 100 percent of all requests under the peak load specified above. Include the response rates and time frames to complete the transaction percentages named and unreasonable expectations for on-line users.
6. Describe in detail the Vendor's plan for providing Stress Testing results along with the frequency of testing and submission of results to Medicaid.
7. Describe in detail the Vendor's plan for providing a State Health and Human Services (HHS) gateway. Include in the plan any State HHS agency connectivity requirements and the go-live test plan.
8. Describe the data flow between the components of the system.
9. Describe the interaction and methods of exposing data.
10. Describe how data is stored and the maximum storage duration when data are at rest and data are in transit.
11. Describe methods used to secure data during transmittal and at rest (HIPAA Security Standards –Technical Safeguards 45 CFR § 164.312).

Revised as:

B-2 System Architecture and Performance. At a minimum, the solution must support a peak load of no fewer than 1,000 concurrent user sessions and 50 requests per second.

As part of this proposal, the Vendor must:

1. Indicate the development status.
2. Describe the solution's architecture and provide a formal description of the HIE solution.
Please include a detailed plan of the system at component level for each of the following:
 - A. Business (or business process) architecture
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3. Include a model of how the Vendor would use gateway architecture(s) and infrastructures to support the connection of multiple networks participating in the Alabama HIE within the State geographical boundaries.
4. Describe the proposed solution's peak performance metrics.
5. Describe the solution's ability to complete 95 percent and 100 percent of all requests under the peak load specified above. Include the response rates and time frames to complete the transaction percentages named and unreasonable expectations for on-line users.
6. Describe in detail the Vendor's plan for providing Stress Testing results along with the frequency of testing and submission of results to Medicaid.
7. Describe the data flow between the components of the system.

8. Describe the interaction and methods of exposing data.
9. Describe how data is stored and the maximum storage duration when data are at rest and data are in transit.
10. Describe methods used to secure data during transmittal and at rest (HIPAA Security Standards –Technical Safeguards 45 CFR § 164.312).

IV. Section VIII, Submission Requirements, page 31, change as follows:

Currently Read as:

B. Single point of contact

From the date this RFP is issued until a Vendor is selected and the selection is announced by the Project Director, all communication must be directed to the Project Director in charge of this solicitation. **Vendors or their representatives must not communicate with any State staff or officials regarding this procurement with the exception of the Project Director.** Any unauthorized contact may disqualify the Vendor from further consideration. Contact information for the single point of contact is as follows:

Project Director:

Kay Nail

Address:

**Alabama Medicaid Agency
Lurleen B. Wallace Bldg.
501 Dexter Avenue
PO Box 5624
Montgomery, Alabama 36103-5624**

E-Mail Address:

HIE-RFP@medicaid.alabama.gov

Revised as:

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Project Director:

Micki Allen

Address:

**Alabama Medicaid Agency
Lurleen B. Wallace Bldg.
501 Dexter Avenue
PO Box 5624
Montgomery, Alabama 36103-5624**

E-Mail Address:

HIE-RFP@medicaid.alabama.gov

I hereby acknowledge the receipt of Addendum I to RFP 2016-HIE-01.

Authorized Vendor Signature

Date

Vendor Organization